PRINTED: 03/19/2015 FORM APPROVED

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
					R	
		HAL049021	B. WING		03/05/2015	
Terms of Programmer and activities				TATE, ZIP CODE		
BROOKDALE PEACHTREE 2 2814 PEACHTREE ROAD STATESVILLE, NC 28625						
PROVIDERS PLAN OF DESIGNATION 059						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PRIEFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE PRIATE DATE	
{C 000} Initial Comments			(C 000)		1	
	Report of Follow-up 3-5-2015.	Survey by Dennis Harrell on		CONFERENCTION SE	ECTION	
	Not all deficiencies action is required.	were corrected. Further		MAR 3 0 20	15	
(C 189)	Building Equipment	t Maintained Safe, Operating	(C 189)	RECEIVI	ED	
	mechanical, and pli care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	3- Based on observensure that the one maintained. These affect all residents,					
	the Resident Care	n the ceiling for a data line in Coordinator 's Office that is le and is not protected with fire		Sign	Please Return	
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE 3/30/15						
STATE FORM 6MNB22 If continuation sheet 1 of 1						

CONSTRUCTION SECTION
MAR 3 0 2015

Brookdale Peachtree 2 HA Biennial Survey

RECEIVED

The following is a summary of the Plan of Correction for Brookdale Peachtree 2. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on March 5th, 2015 and received on March 30, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

2814 Peachtree Rd., Statesville NC 28625

FID #980271 Hal049021

C 189 Building Equipment Maintained Safe

B. Will seal penetration by 4/30/15

To assist with compliance, the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will do a monthly walk through of the building with the Maintenance Technician for two months.

> Patricia McEullon, En 3/30/15

CONSTRUCTION SECTION
MAR 3 0 2015



FAX TRANSMITTAL SHEET

BROOKDALE PEACHTREE ASSISTED LIVING 2806 PEACHTREE ROAD STATESVILLE, NC 28625

То:	NC DHHS DHOR	From: Pc	Ancia Mcculbh
	(919) 733-6592	Phone:Fax:	(704) 872-1946 (704) 872-1992
Pages:	3 30 30 5 3 (including cover)		
Referen Comme	nce: PO(Brookdall ents:	Rachtree	2

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